

**DE PERE PARK & RECREATION DEPARTMENT
ADULT LEAGUE ROSTER**

**FALL Softball - 2021
Tuesday Nights at **LEGION Park****

Team Name:		
<input type="checkbox"/> New Team <input type="checkbox"/> Returning Team (define returning team)		
Previous Team Name: (If Applicable)	Previous League: (If Applicable)	Record:
Team Manager:	Address:	
Phone:	Email:	
Assistant Manager:	Address:	
Phone:	Email:	



Player addresses listed on page 2 are correct and all appropriate fees will be paid. Falsification of a player's address will result in that participant being banned from all Parks, Recreation and Forestry Department activities for one year. Teams will be dropped if they continue to use ineligible players. Players will pay all expenses of repairing or replacing any publicly owned property they are responsible for damaging.

By signing this form, I agree to abide to the athletic league policies and league rules including the ones listed on this form.

Manager Signature: _____

Team Name:	League:
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Fees: **Team Fee \$130/team** **Resident \$20/player** **Non-resident \$40/player**

- Please print only the required information on this roster. Do not calculate the amount of fees due on this sheet
- Only paid players are to be listed when this form is turned in
- A minimum of 10 with a maximum of 20 players are allowed on roster**
- Player additions are allowed through the midpoint of the season & must be done a minimum of 24 hours before your next game
- If you are registering as a returning team, indicate returning players in first column below

Return Player	Player	T Shirt Size	Age	Phone	Address/Zip Code	Res/ Non	Fee	Recpt. # (for staff use)
<input type="checkbox"/>	1.							
<input type="checkbox"/>	2.							
<input type="checkbox"/>	3.							
<input type="checkbox"/>	4.							
<input type="checkbox"/>	5.							
<input type="checkbox"/>	6.							
<input type="checkbox"/>	7.							
<input type="checkbox"/>	8.							
<input type="checkbox"/>	9.							
<input type="checkbox"/>	10							
<input type="checkbox"/>	11							
<input type="checkbox"/>	12							
<input type="checkbox"/>	13							
<input type="checkbox"/>	14							
<input type="checkbox"/>	15							
<input type="checkbox"/>	16							
<input type="checkbox"/>	17							
<input type="checkbox"/>	18							
<input type="checkbox"/>	19							
<input type="checkbox"/>	20							
<input type="checkbox"/>								
	<u>Player Fee Total</u>							
	<u>Team Fee</u>						<u>\$130</u>	
	<u>Total Paid Upon Registration</u>							

As manager of this team, I do hereby certify that there are _____ bona fide residents of the City of De Pere listed above. I understand by playing incorrect information on my roster, my team and myself may be removed from league participation.

Manager's Signature _____

Office Use Only			
Date Rec'd:	Time Rec'd:	<input type="checkbox"/> New Team <input type="checkbox"/> Returning Team	Staff: